OKLAHOMA
State Department
of Health

**Delivery via email to: tammy.richards@legendseniorliving.com**

April 17, 2025

License Number: AL7228

Ms. Tammy Richards, Administrator
Green Tree At Sand Springs
4402 South 129th West Avenue
Sand Springs, OK 74063

**RE: Survey Event ID: RXDT11**

Dear Ms. Richards:

On **April 15, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **April 15, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts

a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;

- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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of Health

# INVESTIGATIVE REPORT

**Facility: Green Tree Sand Springs AL**
**Address:4402 S 129th West Ave.**
**City, State, Zip: Sand Springs, OK,74063**
**Provider #: AL7228**
**Complaint #: OK00062810**
**Investigation Date(s): 04/14/25 and 04/15/2025**

| ALLEGATION(S) |
|---|
| The center failed to administer medication according to the physicians' orders. |
| enter text The center failed to ensure residents' representatives were notified of a change in condition and failed to ensure a clean, odor-free and homelike environment |
| enter text |
| enter text |
| enter text |

An unannounced on-site investigation was initiated 04/14/2025 at 9:20a.m.

A sample of ten residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

**A Summary of Complaint Investigation:** A tour of the facility was conducted and upon observations was made with staff assisting residents, observations of apartments being cleaned and there was no odor detected throughout the facility. Records revied included health records, physician orders, cleaning schedules, and facility policies. Residents, family members, and staff were asked questions about being notified of changes in conditions, and physician orders.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 04/15/2025

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL7228 | A. BUILDING: _____ B. WING _____ | C 04/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREEN TREE AT SAND SPRINGS | 4402 SOUTH 129TH WEST AVENUE SAND SPRINGS, OK 74063 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 000 | INITIAL COMMENTS<br><br>A relicensure survey was conducted from 04/14/25 through 04/15/25. A complaint investigation (#OK00062810) was conducted in conjunction with the survey. Deficiencies were cited as a result of the survey and complaint investigation.<br><br>Facility Census: 79 | C 000 | | |
| C 391 SS=E | 310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE<br><br>(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review, and interview the facility failed to ensure opened food items were labeled with the open and use by date in one of one refrigerator, in one of one freezer, and the dry storage area.<br><br>The administrator identified 79 residents received nutrition from the kitchen.<br><br>Findings:<br><br>On 04/14/25 at 9:26 a.m., the following food items were observed opened in the refrigerator with no labels to show the open and use by date:<br>a. a plastic bag half full of leaf lettuce,<br>b. a plastic bag three quarters full of whipped topping, and<br>c. a carton three quarters full of pasteurized liquid | C 391 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL7228 | A. BUILDING: _____ B. WING _____ | C 04/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREEN TREE AT SAND SPRINGS | 4402 SOUTH 129TH WEST AVENUE SAND SPRINGS, OK 74063 |

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|---|---|---|---|---|
| C 391 | Continued From page 1<br>eggs.<br><br>On 04/14/25 at 9:30 a.m., the following food items were observed open in the freezer with no labels to show the open and use by date:<br>a. two plastic bags half full of potato cakes,<br>b. a plastic bag three quarters full of mixed vegetables,<br>c. a plastic bag half full of hush puppies,<br>d. a plastic bag half full of brussels sprouts,<br>e. a box half full of fish fillets,<br>f. a plastic bag half full of chocolate cookies, and<br>g. a plastic bag three quarters full of walnuts.<br><br>On 04/14/25 at 9:37 a.m., the following food items were observed in the dry storage area with no labels to show the open and use by date:<br>a. a plastic bag half full of spaghetti noodles, and<br>b. a plastic bag half full of marshmallows.<br><br>A facility policy titled "Storage of Foods," dated 03/18/14, read in part, "Label the item with a description of the product and date it was wrapped/placed in the freezer."..."Wrap, cover, or seal all refrigerated foods and label with the preparation date."<br><br>On 04/14/25 at 9:39 a.m., the chef was asked about all items without a label and date. The chef stated, "They should have a label and date on them." The chef was asked about their policy. The chef stated, "They know everything should have a label and date, they were recently hired, and they will make sure everything has a label and date on it."<br><br>On 04/14/25 at 9:50 a.m., the administrator asked about the condition of the kitchen, and they were told about all of the items found without a label and date. The administrator stated, "They | C 391 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL7228 | A. BUILDING: _____ B. WING _____ | C 04/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREEN TREE AT SAND SPRINGS | 4402 SOUTH 129TH WEST AVENUE SAND SPRINGS, OK 74063 |

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|---|---|---|---|---|
| C 391 | Continued From page 2<br>normally try to check the kitchen on Monday's, but they didn't have time today." | C 391 | | |

OKLAHOMA
State Department of Health

**Delivery via email to: tammy.richards@legendseniorliving.com**

April 25, 2025

License Number: AL7228

Ms. Tammy Richards, Administrator
Green Tree At Sand Springs
4402 South 129th West Avenue
Sand Springs, OK 74063

**RE: Survey Event RXDT11**

Dear Ms. Richards:

On **April 15, 2025**, a Licensure inspection with a complaint investigation was conducted at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. **Our acceptance does not absolve the facility's responsibility for** compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **May 30, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

| | |
|---|---|
| Oklahoma State Department of Health<br>Creating a State of Health<br><br>Protective Health Services<br>Long Term Care Service | **OPTIONAL PLAN OF CORRECTION TEMPLATE**<br>**Current Date: 4/21/2025**<br>**Facility Name:** Green Tree at Sand Springs<br>**License Number:** AL7228<br>**Survey Event ID:** RXDT11<br>**Date Survey Completed: 4/15/2025** |

**SUMMARY OF DEFICIENCY CITED BY OSDH**

| | |
|---|---|
| ID Prefix Tag: C391 | Based on: observation, record review, and interview the facility failed to ensure opened food items were labeled with the open and use by date in one of one refrigerator, in one of one freezer and the dry storage area. |

**ASSISTED LIVING CENTER'S PLAN OF CORRECTION**

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

| REQUIRED ELEMENTS OF A PLAN | ASSISTED LIVING CENTER'S PLAN ELEMENTS |
|---|---|
| 1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? | All resident food items were removed, inspected and properly labeled and or discarded. Dining Staff were instructed to label all resident food items with date opened. The Residence Director or Designee will inspect the refrigerator, freezer and dry storage are done weekly to ensure proper labeling and storage after 30 days will and then do monthly, and then resume to quarterly audits after compliance is met. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | All care staff were trained on proper labeling procedures. Correction will be monitored at QA meeting monthly. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? | Dinning Service Associates were in-serviced on the Storage of Foods Policy in compliance with 310-663-3-8(a)FOOD STORAGE, PREPARATION AND SERVICE. The Residence Director or Designee will provide ongoing in sevice traning and education to all appropriate Dietary staff on proper labeling and storage. |
| OSDH Response: Element accepted Yes ☒ No ☐ | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:<br>a. How the correction will be evaluated for effectiveness;<br>b. How the correction will be incorporated into the center's quality assurance system; and<br>c. How monitoring records will be kept to evidence the correction. | a)The Residence Director or Dining Service Manger or Designee will audit weekly labeling to ensure compliance with C391 and company policy<br><br>b)The audits and related documentation will be discussed at QA meetings and will be documented in QA file<br><br>c)The audit will be maintained with the QA file and updated quarterly. |
| OSDH Response: Element accepted Yes ☐ No ☒ | |
| 5. On what date will corrective action be completed? | 5/30/2025 |
| OSDH Response: Element accepted Yes ☐ No ☐ | |

**Administrator's Signature** **Tammy Richards** Tammy Richards **Date 4/23/2025**

OAC 310:663-25-4(F)

| If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted. | | | |
|---|---|---|---|
| **Addendum Date** | Enter a date of addendum. | **Submitted by** | Enter name of person submitting addendum. |
| Items Below Are For OSDH Use Only | | | |
| Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. **Surveyor:** Surveyor | | | |
| If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.<br>Facility in Compliance by: Click here to enter a date. | | | |

OKLAHOMA
State Department of Health

**Delivery via email to: tammy.richards@legendseniorliving.com**

June 5, 2025

License Number: AL7228

Ms. Tammy Richards, Administrator
Green Tree At Sand Springs
4402 South 129th West Avenue
Sand Springs, OK 74063

**RE: Survey Event RXDT12**

Dear Ms. Richards:

On **June 5, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **April 15, 2025,** have now been corrected effective **May 30, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

**Respectfully,**

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL7228 | A. BUILDING: _____ B. WING _____ | R-C 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREEN TREE AT SAND SPRINGS | 4402 SOUTH 129TH WEST AVENUE SAND SPRINGS, OK 74063 |

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|---|---|---|---|---|
| {C 000} | INITIAL COMMENTS<br><br>An offsite/paper revisit was conducted on 06/05/25. The facility was in substantial compliance. | {C 000} | | |

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE